

The Times and Register.

VOL. XXVIII. No. 12. PHILADELPHIA, SEPTEMBER 22, 1894. WHOLE No. 837.

Original.

THE IMPORTANCE OF EARLY RECOGNITION AND TREAT- MENT OF OBSTRUCTIVE DISEASES OF THE UP- PER RESPIRATORY TRACT.*

By JOSEPH S. GIBB, M. D., Philadel-
phia, Pa.

The introduction of a subject so time-worn and stale might require an apology were it not that notwithstanding there is a plethora of literature there still remains a singular indifference and lack of appreciation of the merits of the matter in the minds of the general practitioner. Doubtless much of this is due to the very voluminous character of the literature, which tends rather to interest those for whom the subject has an especial attraction. We read much of the histological structure of the various hypertrophies, and numerous are the instruments introduced for their destruction. We read less of the best means of demonstrating their existence, the etiological factors concerned in their production, and the prophylactic measures which may be adopted to prevent their development.

Perhaps no single abnormal condition is productive of more marked alterations in physical beauty and healthy functions than diseases producing obstruction in the upper respiratory tract. The anxious and watchful mother views with sorrow the freckling or tanning of her child's face. How much more disagreeable than these are alterations in the facial lines to such a degree as to cause a face to be expressionless; and when to this

is added, partial deafness, with all its unpleasant effects, we have a picture which any careful mother should strive to avoid. Were as much care bestowed on the important functions of the nasal chambers as is generally given to the skin or other tissues more directly under the eye, we would have fewer of these unpleasant pictures. Nor is this marring of physical beauty the sole deleterious results of these conditions; it can be proven that serious and perhaps grave interference with important functions follow in its wake.

In order to have a proper appreciation of the importance of the subject, we will review for a moment, and in a cursory manner, the anatomical structure and physiological purposes of the nasal chambers and their contiguous structures.

The bony nasal chambers consist of three scroll-like bodies, the turbinate bones, two of which, the middle and inferior, are accessible in the living subject, which form the sides of the chamber. A septum, separating the nasal chambers, which is reinforced by a plate of cartilage in the recent state. These turbinated bones divide the nasal chambers into three meatuses—superior, middle and inferior—into which open the various sinuses or foramina which communicate with the accessory cavities—namely, the frontal sinus, the ethmoid and sphenoid cells, the antrum of Highmore, and also the lachrymal duct. All these structures in the living subject are covered with mucous membrane well endowed with blood vessels and nerves, whilst over the turbinate bones the tissue is erectile or cavernous.

The situation of these chambers, the peculiar construction of the bones, the

(*Read before Phila. Co. Med. Society, March 14, 1894.)

unusually large surface of mucous membrane for so small a cavity, and the very generous blood supply, bespeak important functions. Bosworth claims three: (1) the first and very important function in respiration; (2) an aid in phonation by acting as a resonant chamber; (3) as an olfactory organ.

The atmospheric air as it passes through the nasal chambers is brought in contact with a comparatively large surface of mucous membrane which is rendered warm by the free blood supply and moist from the secretion of the numerous mucous glands therein contained. The effect of this contact is first to abstract from the air dust and other foreign bodies, and secondly to add to the inspired air warmth and moisture. The latter function is most important. It has been computed that over 7000 grains of water are expired from the lungs in twenty-four hours; and Aschenbrandt has demonstrated by a series of carefully conducted experiments that the source of this moisture is in the nasal chambers.

From this brief and very imperfect glance at the anatomical position and functional purposes of the nasal chambers we may draw a few important lessons. Interference with the proper and easy inspiration of air through the nasal chambers is productive of diseased conditions, not alone of those organs themselves, but of the more important respiratory structures within the chest.

It cannot be doubted that inspiration of air into the air vesicles imperfectly warmed, deprived of the moisture which nature intended it should have, must exercise a deleterious influence on the delicate mucous membrane lining these cells. I am not ready with statistics to prove the relationship between pulmonary and bronchial affection and obstructive diseases of the upper air tract, nor do I deem it necessary, for it is a matter of common experience and observation that those children whose nasal chambers are obstructed either directly by hypertrophies, polyps, etc., or indirectly by hypertrophied pharyngeal or faucial tonsils, are sunken-chested, prone to attacks of acute bronchitis and coryza, and in many respects are less healthy than other children. I am well aware that these conditions are often the result of a constitutional vice which in itself renders the subject less

robust, still I am more than ever convinced that removal of the local effects of this diathetic condition results more effectually in a return to a normal condition than any plan of treatment directed solely to the condition itself. Nor is it alone the respiratory tract that suffers from these abnormal states. I have before marked that children so afflicted are apt to be in a condition of poor health generally, and it has occurred to me that perhaps this may be not entirely due to the diathetic condition which is so frequent a concomitant, but rather that the lungs, being supplied constantly with a vitiated, air, i. e., air insufficiently warmed and moistened, failed to supply the blood with a healthy, proper pabulum and hence the tissues suffer. Be the explanation what it may, we must not lose sight of the fact that a condition of ill health frequently does exist and we should bend our energies to ascertain the cause and seek its remedy.

It is not the object of this paper to elaborate on the various methods of treatment, but rather to inquire into the causation and to endeavor to point out means which may be taken to ameliorate the conditions existing and to prevent the development of more serious ones. Especially is it desired to inquire into the causative influences of obstructive diseases of the upper air-passages in young children.

Eliminating all those effects of imperfect or perverse fetal development, such as occlusion of anterior or posterior nares, cleft palate, etc., we have conspicuously prominent in the category of obstructive lesions in the upper respiratory tract—hypertrophic conditions of the turbinate bodies, of the pharyngeal, faucial, and to a lesser degree the lingual tonsil.

A glance at the records of any of our large throat and nose clinics will convince one that these abnormal conditions are far from rare; nor does even this showing give us a thoroughly accurate conception of their frequency. Too common is it to ignore or carelessly treat the various catarrhal symptoms presented to us, and this indifference on the part of the profession has led to a corresponding indifference on the part of the laity, so that only those cases of pronounced obstruction are brought to the notice of the general practitioner. Were the nasal speculum used as freely as the stetho-

scope or clinical thermometer we would be astonished at the result. Again, certain hypertrophic conditions have but comparatively recently received any measure of attention from the profession. Though faucial hypertrophies have been observed and studied from remote times, it was not until a very recent date that Meyer gave to the profession a clear idea of the significance of hypertrophic conditions of that collection of adenoid tissue at the vault of the pharynx known as the pharyngeal tonsil; nor is the importance of the subject to-day appreciated by the rank and file of the profession, notwithstanding that much has been written about it and many instruments devised for its removal. Situated as it is, in a somewhat inaccessible or rather unobservable portion of the upper pharynx, it is only by the use of the rhinoscopic mirror that its presence can be clearly demonstrated; this being the case, it is patent that it must be frequently overlooked.

With these facts before us it is clear that, whereas our clinics show us that these states are common, they give us no adequate conception of their prevalence.

At the clinic of the Episcopal Hospital it is the custom to carefully examine the nasal cavity, the pharynx, and post-nasal surfaces in every case that applies for treatment, irrespective of the fact that the subjective symptoms point to lesion in this or that locality; and in children of tender age, where a rhinoscopic examination is not feasible, if there is any suggestion of disease in this locality a finger is introduced back of the soft palate and over the vault of the pharynx to demonstrate by tactile sense the presence or absence of any abnormality. It is surprising as a result of this procedure to note the number of cases in which there are lesions of the upper pharynx in which symptoms have been overlooked by the parents.

In considering the etiology of these hypertrophies it is as well to treat of them collectively, for whereas they are often separate and distinct lesions and exist independently, they are often associated and their etiology, so far as our knowledge goes, is in many respects similar.

In the case of the glandular tissue there can be no doubt that in a few in-

stances these hypertrophies are congenital, doubtless the effects of an inherited vice—syphilis or scrofula—carrying out the well-known tendency of these dyscrasies to affect lymphatic and glandular tissue. Though this view is combated by no less an authority than Meyer, who leans to the view that it is always an inflammatory process in a tissue which normally is largely developed in infancy and childhood, at the same time it is difficult to explain the presence of this state in very young infants unless we presume this inflammatory process to have taken place during its pre-natal existence. Those cases developing subsequent to birth doubtless have as a starting-point an inflammatory or catarrhal origin.

We have demonstrated the frequency of hypertrophies of the glandular tissues and turbinates in children, and have admitted a few cases may be congenital, which leaves the vast majority to have its development subsequent to birth; and, as it is our belief that its causation lies in some condition outside of the child, at least in part, it is now our endeavor to seek out those causes, and, if possible, lay down certain laws looking to their eradication, or, at least, amelioration. Here, as with other diseases of insidious approach, an early recognition is productive of much good.

Among the general causative agencies which it is not entirely within our power to relieve may be mentioned atmospheric conditions incident to residence in temperate climes, and especially near the seaboard; the method of heating houses in cities by dry air frequently derived from an unsanitary source; carelessness in the dressing of infants, and trusting them too much to the care of servants, who unnecessarily expose them. All these and others exercise an influence in the production of the disease, but only in a general way. The prophylactic remedies are obvious and suggest themselves.

The various catarrhal conditions which the above enumerated disturbing influences of our environment occasion are of much importance from an etiological standpoint. There can be no doubt that it is here we have the starting point of the hypertrophic process. A simple coryza is neglected; the child is not even protected from the causes which produced it—the result, one coryza succeeding another the entire sea-

son. The effect of a long continued inflammatory process is precisely the same in the nasal and pharyngeal tissues as in the other tissues of the body—namely, increase in the connective-tissue growth, increase in the cellular growth. And it is just here by a knowledge of the effects that the family physician's advice and counsel can be of so much value and save so much misery and suffering to the child—so much mental anxiety and mortification to the parents. I believe that parents should be taught that a coryza is by no means so simple or harmless an affair as is commonly believed. It is better to err on the right side—better by far to give some attention (possibly needless) to a few attacks of coryza than to sit quietly by doing nothing and permitting the production of obstructive masses in the upper air passages that may alter the child's expression and possibly injure the health.

Parents should further be taught that repeated coryzas indicate a diseased condition of the nasal or pharyngeal mucous membrane, demanding prompt and thorough treatment. The physician should himself insist on making a careful examination, aided by the nasal speculum and rhinoscopic mirror, and should lay down a plan of treatment which his ingenuity will suggest, and persevere with it until the conditions yield; and I believe in this way, and in this way alone, can we hope to have any measure of success.

Conspicuous in the category of special causative agencies may be mentioned the eruptive diseases of childhood, and especially those in which the fauces and nasal chambers are involved in the diseased process. Foremost among these may be mentioned diphtheria. The well-known tendency of diphtheretic processes to attack glandular tissue is well exemplified in the post-nasal spaces. We are familiar with the appearance of the diphtheritic membrane on the tonsils, but usually the examination of the other mucous surfaces is not made, and we remain in ignorance as to the extent of this process into the nasal chambers and vault of pharynx. Doubtless, if careful examination was carried out in every case, we would find the proportion in which these structures are involved to be very large. I have no doubt that many of the cases of so-called reinfection

are in reality those in which there has been an involvement of the pharyngeal tonsil in the diphtheritic process. When an examination of the tonsils reveals an absence of the familiar membrane and a subsidence of the inflammatory condition, we are lulled into a sense of security and perhaps relax in our vigilance unmindful of the fact that the disease is perhaps making insidious inroads at a spot beyond our unaided view. However, we are not concerned with this at present; sufficient is it for us to know the extreme susceptibility of the mucous surfaces in this disease.

After the subsidence of the diphtheritic process it is very common to have a catarrhal condition continuing for a considerable period; this is especially noticeable in cases in which the nasal mucous membrane has been implicated; though it frequently occurs where there has been no perceptible involvement of the nasal chambers, and I believe it is just in these cases that there has been a diseased process going on at the vault of pharynx. The explanation of this mucous discharge and other evidences of a catarrhal condition is doubtless due to alterations in the nutrition of the part, in consequence of the high grade of inflammatory action, and also to septic absorption. Were an examination made at this time we would likely find a hypertrophic condition either in the nasal turbinates or the pharyngeal and faucial tonsil. Though, doubtless, the majority of these cases do well without any special treatment directed to the part, yet in a certain number the catarrhal condition persists, and especially is this likely to occur in those children who seem prone to catarrhal states, and the foundation is laid for the formation of masses of hypertrophied tissue.

The beneficent offices of the family physician can be here admirably employed. It is not wise to pass over lightly the persistence of a catarrhal state after the subsidence of the inflammatory symptoms. Treatment employed at this time and persisted in until an amelioration takes place can be productive only of good.

Scarlatina, as is well-known, expends at least a part of its energy on the mucous membrane of the fauces; though, unlike diphtheria, rarely involves the nasal chambers. Here, as in the foregoing, the inflammatory action is so high, often to the production of false mem-

brane, as to exercise a baneful influence upon the nutrition of the tissue and aid in the production of hypertrophies. We are all familiar with the fact that hypertrophies of the faucial tonsils are a frequent sequela of this disease. The same process that gives rise to hypertrophies in this tissue is at the same time exerting its influence on the tissues of the vault.

It is needless to dwell on this; the too familiar sight of catarrhal conditions as sequelæ of scarlatina precludes any argument to the contrary as to its position as a causative agent in the conditions under consideration. Nor is it hardly necessary to refer to the necessity for prompt treatment—one word, however, on this point. It seems to me an imperative duty on the part of the medical attendant to insist on an examination, and if necessary subsequent treatment in every case where a catarrhal condition evidenced by a mucus or muco-purulent discharge from the nose, a thick voice, and mouth-breathing persists, after all evidences of the exanthemata have passed away.

Measles, though commonly regarded as a light and insignificant disease, is exceedingly apt to leave some trace of its existence. The explanation of this is evident. Not commonly menacing life, it is, however, very active in its attack, and this activity is exerted on the mucous surfaces in the entire respiratory tract. Mothers should be informed of the fact that with care the course of the disease will be benign, but without it there is extreme probability of catarrhal affection with all its unpleasant consequences being left as a sequela. And here, as with others, active treatment should be insisted upon if the catarrhal symptoms persist after the subsidence of other evidences of the exanthemata.

The other exanthemata and febrile diseases, such as rotheln, variola, varicella, typhoid fever, etc., exert a certain amount of influence as causative agents, but only in a general way, as any alteration in health will do. The diseases mentioned, viz., diphtheria, scarlatina, and measles, exert a special influence because the diseased condition seems to expand itself on the mucous surfaces, producing alterations and perversion of function.

The clinical picture presented by sufferers from obstructive diseases of the

upper respiratory tract is absolutely characteristic, and especially is this true as regards the alteration of facial lines and changes in expression. Naturally this obstruction to the entrance of air by the normal route, viz., through the nose, necessitates its seeking some other mode of ingress to reach the lungs; the only other way is through the mouth, and hence we have the condition of mouth breathing with all the discomfort and unpleasant effects which such a condition entails. Long continued mouth breathing brings into play muscles about this orifice not usually called upon for excessive work, and at the same time nominally put at rest muscles about the nose whose functions are not called into play; the result is an alteration of facial expression to such a degree in well-marked cases as to give to the child a stupid, almost idiotic appearance. The obstruction in the case of the pharyngeal tonsil may become so excessive as to encroach on the pharyngeal orifice of the Eustachian tube, interfering with the proper supply of air to the tympanic cavity, thus inducing catarrhal or inflammatory conditions of the mucous lining of this tube and also of the tympanic chamber. The result of this is dullness of hearing or even complete deafness.

The normal course of the secretion from the numerous mucous glands in the nasal chambers is obstructed and hence flows back into the naso-pharynx; added to this we have a greatly increased secretion from the adenoid vegetations at the vault. During sleep this mucus collects in the pharynx, and as the child is obliged to breathe through the mouth we have associated loud snoring with rattling and gurgling of air through the mucous secretion; hence the sleep of the child is restless and fitful and the annoyance to other members of the household excessive.

We have then as the salient features of a case we are attempting to portray: mouth-breathing, snoring, rattling of mucus in the fauces, and disturbed sleep; a dull, listless expression of countenance; hardness of hearing and in many cases impairment of general health, causing the child to be anemic, sunken-chested, prone to catarrhal attacks, and of stunted growth.

Much has been written and various are the opinions as to the treatment of these distressing conditions. We are

not concerned in this article whether it is the proper method to remove adenoid growths by forceps, curette, or finger; to diminish hypertrophied turbinates by means of galvano-cautery snare or escharotics, but a few words in conclusion as to the management of cases in their incipiency may not be amiss.

Mothers should be urged not to neglect a persistent snuffle in the child, to regard as trivial the continuance of a mucous discharge after diphtheria or the exanthemata. Physicians, on the other hand, should not pass these complaints lightly by ignoring them or directing in an indifferent manner some simple and likely inefficient remedy.

The management of hypertrophies at this early stage is as simple as the results are happy. After a careful examination the nares and upper pharynx should be cleansed of mucous by an antiseptic and detergent spray, e. g., Dobell's solution, Seiler's tablet, listerine in diluted solution, etc., and then applications made to the affected mucous membrane of an astringent or alterant, depending on the condition of the parts. Should we find simply an increased secretion with no appreciable alteration in the turbinates, tonsils, and surrounding tissues, it is likely we will accomplish all that could be desired by directing spraying of the nares thoroughly by one or other of the solutions mentioned twice daily and continued faithfully until the membrane presents a normal appearance and the secretion ceases.

In cases still farther advanced in which we find the turbinates quite red and somewhat swollen; the pharyngeal tonsil secreting more mucus than normal, and rather large; the faucial tonsil red and somewhat hypertrophied, we will find it advantageous to use some application to diminish the inflammatory condition. These applications may be made quite painless by spraying the parts with a 5 per cent. solution of cocaine or introducing a cotton tampon saturated in the same solution. In the nares a solution which has gained favor in the various clinics devoted to these diseases is that of iodine. The strength of the solution may be graded by the severity or obstinacy of the case. It is well to begin with a weak solution, increasing the strength as the necessities of the case demand. In some cases which resist this plan of treatment a touch of the fused bead of chromic acid along the turbinates will often accomplish the desired object; this latter plan should be immediately followed by the antiseptic spray to dilute and limit the destructive power of the escharotic. It is merely necessary in these early cases to touch the mucous membrane lightly to produce a superficial eschar; the resulting

slough and subsequent contraction will so squeeze the blood vessels as to bring about the desired diminution in the size of the tissues.

The pharyngeal tonsil also in many cases will respond satisfactorily to application of iodine on a pledget of cotton carried by an applicator so curved as to pass readily behind the soft palate and up to the vault. Glycerole of tannin has been found to act very happily, though, perhaps, a little more unpleasant in its effects. The application of chromic acid (fused) to a pharyngeal tonsil should not be advised, though, undoubtedly, as useful as in the nose, unless the operator is steady and familiar with making applications by the aid of the rhinoscopic mirror.

It would be hardly necessary to refer to the treatment of catarrhal and slight hypertrophic conditions of the faucial tonsils, the result of the causes named, were it not that here, in spite of the ready accessibility of the part, they are subject to neglect. The same process of cleansing is as necessary as in the other hypertrophies, after which an application of a solution of 60 gr. to the drachm of nitrate of silver, glycerole of tannin, or in stubborn cases producing a superficial slough, by fused chromic acid, will probably answer every purpose.

In the more advanced cases or in those which fail to respond to the above-outlined plan of treatment and a steady increase of the hypertrophied tissues occurs, there is but one plan which should be carried out at as early a date as possible, namely, a destruction of the hypertrophied tissue. The various plans to accomplish this object will not be touched upon, but can be readily learned by consulting any of the modern treatises devoted to the treatment of diseases of the nose and throat.

In recapitulation the object of this paper has been to call attention to the following points:

1. The importance and desirability of early attention to diseases of the upper respiratory tract consisting of the nose and naso-pharynx.
2. The production of alteration in nutrition and possibly pulmonary and bronchial troubles by hypertrophic conditions of the upper respiratory tract.
3. The etiology of these states referring to the influence of environment and especial mention of diphtheria and the exanthemata as prominent factors in this category.
4. The prevalence of these conditions.
5. Carelessness and indifference in both physician and patient as to the various catarrhal states which are believed to be the precursors of the disease under consideration.
6. The necessity of early treatment and the power for good exercised by the family physician in these troublesome conditions.
7. The clinical picture presented by these unfortunates, laying especial stress on the alteration of facial expression and the distressing and annoying condition of the child during sleep.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

Subscription Price, - - \$1.00 Per Year.

FRANK S. PARSONS, M. D.,

EDITOR AND MANAGER.

EDITORIAL STAFF.

W. H. PANCOAST, M. D., Philadelphia, Pa.

T. H. MANLEY, M. D., New York, N. Y.

E. W. BING, M. D., Chester, Pa.

S. H. MONELL, M. D., New York, N. Y.

J. R. CLAUSEN, A. M., M. D., Philadelphia, Pa.

AD. MEYER, M. D., Chicago, Ill.

LOUIS LEWIS, M. R. C. S., (Eng.) Phila., Pa.

J. A. TENNEY, M. D., Boston, Mass.

E. B. SANGREEM, A. M., M. D., Philadelphia, Pa.

PUBLISHED BY

THE MEDICAL PUBLISHING CO.

Communications are invited from all parts of the world. Original articles are only accepted when sent solely to this Journal. Abstracts, clinical lectures, or memoranda, prescriptions, news and items of interest to the medical profession are earnestly solicited.

Address all communications to

1725 Arch Street.

PHILADELPHIA, SEPTEMBER 22, 1894.

THE MAN MIDWIFE.

During the past year the medical profession of Great Britain and Ireland has been put on its qui vive by the new midwifery question, which has already occupied the attention of Parliament, and, no doubt, would have been put through, without a hitch, had not the medical press at an opportune hour sounded the alarm.

A bill was introduced early in the last session of the Commons, which had for its purpose the registration of midwives. The nurses had moved early and had a registrative bill pushed through, and the midwives felt that they were entitled to a like consideration from the hands of the Government. Besides, on this demand, they were supported by many of the most eminent practitioners of the realm.

But a loud protest was raised by the general practitioners from every direc-

tion, which, finally, took the form of a series of resolutions against the midwives at the late meeting of the British Medical Association.

The claim was made that this registrative act would give them a status quite equal to a medical qualification; that it would be a public evil to turn over midwifery in general to those whose education was of but a superficial character; and, further, that at the present time, there was an ample number of practitioners to attend this branch of practice.

From the side of expediency there can be no question but the course the doctors took was a wise one, for it is a question whether, in general practice, a substantial living is possible, in the present over-crowded condition of our ranks, without obstetric practice.

When we look at the matter from a humane standpoint, however, it appears in different light.

In all, but rare and exceptional cases, of confinement, it would be well if the so-called "science and art of obstetrics" were cast aside altogether, and nature were permitted to do her work, in her own way. Modern, meddling, mechanical forced deliveries are cruel and infernal; better a thousand times the old midwife or no one at all, than the attendant who looks on the parturient act as a pathological process; insists on anesthetics, toxic uterine excitants, and the early and unnecessary use of the forceps to crush the tender brain of the infant, and irretrievably incapacitate the mother.

It is both natural and proper that women in the throes of labor should be attended by women. Every trained nurse should be a fully qualified accoucheuse, that she may extend her ministrations to the poorer members of society, who cannot properly compensate a medical man for his service. She would combine in herself both midwife and nurse.

Here, indeed, is a field in which the female practitioner is needed. As a practitioner of medicine she is a failure, through physical reasons; but midwifery is by every natural right her domain, and in the near future, here and on the British Isles, as in France and Germany, parturient women will be attended by those of their own sex.

Side by side with the training school for nurses should be the maternity,

where they should be thoroughly taught obstetrics.

The charge that they are incompetent is both puerile and frivolous. But a few years ago our leading colleges turned out qualified (?) diplomats to practice obstetrics who had never seen a case of labor in their lives. They have since succeeded fairly well. Why should not women?

A PRACTICAL POINT IN THE TREATMENT OF ENTERIC FEVER.

Under the above title Dr. Benjamin Ward Richardson, in the last issue of the *Asclepiad*, gives the following brief history in a case which proved of practical worth in directing the course of treatment:

"The patient was a young woman who had passed through a very severe attack of enteric fever, and was thought to be practically out of danger; the temperature, which had fallen to the natural degree, had remained steady for some days; and such was the general improvement that I had ventured to increase the diet table, when, somewhat suddenly, there was a relapse; the temperature rose to 104 degrees, with accompanying quickness of pulse, prostration, loaded tongue, slight distension of the abdomen, and some tenderness under abdominal pressure. On inquiring as to the cause of the relapse, the only symptom affording a guide was the fact that there had been no action of the bowels for several days. Previously there had been free action, with passage of abundant quantities of the characteristic pea-soup intestinal discharge, and consequently we had been chary, when this discharge stopped, of restarting it, and had permitted the constipation to continue. As the patient now complained of desire for action of the bowels without the power to defecate, I suspected that the rectum was loaded and obstructed, and that, in the small intestine, there was an accumulation of fluid secretion of specific character, from which absorption of septic matter was in progress, with recurrence of the febrile state and the alarming condition. On this diagnosis I ordered that a large enema should be administered at once, and by it there was removed from the lower bowel a firm, very large

and shaped mass of feculent matter, followed about an hour afterwards by the passage of a pint or two of the specific enteric fluid, excessively offensive, and in fermentative decomposition.

The good results of this treatment were immediately obvious. It was like the effect of opening a large abscess and setting free purulent matter. The temperature of the patient fell, the tongue lost its dryness, and the sense of prostration passed away. We returned for a few hours to the treatment that had been pursued in the previous part of the case, but as the temperature remained normal, and the discharge from the bowels did not give trouble, careful feeding was adopted only, and an excellent and rapid recovery resulted.

I have seen in many other cases of enteric fever a similar return of the acute febrile symptoms, but no case opened my eyes to cause and effect so clearly. I cannot doubt that, in this instance, if the obstruction in the rectum had not been removed, there would have been a continued accumulation of specific fluid in the small intestine, a continued auto-infection, increased virulence of fever, delirium from action of toxic fluids or gases in the cerebral and other nervous centres, poisoning of the sympathetic centres, typhilitis with distension of the abdomen, septic poisoning of the blood in the liver and great abdominal veins, congestion of the lungs, collapse, and death. By giving escape to the discharge we prevented these evils and two more—I mean ulceration of the intestine, owing to the presence of the specific fluid, and perforation; in short, all the fatal dangers incident to the local mischief in the canal."

Book Notes.

A SYSTEM OF ORAL SURGERY: Being a treatise on the diseases and surgery of the mouth, jaws, face, teeth and associated parts. By James E. Garretson, A. M., M. D. Illustrated. Sixth edition. Thoroughly revised with additions. Published by J. B. Lippincott Company, Philadelphia. Price, \$10.

A work which has arrived at the distinction of a sixth edition needs no words of criticism. It has passed beyond that stage from the fact that the public demand, which makes numerous editions possible, has placed on it the seal of its approval.

A work like the above, which has long since become "standard," has no parallel on its specific subject in American literature. It stands as an exponent of oral surgery in its entirety.

While the work does not contain quite so many pages as its previous edition, the size of the pages have been enlarged to accommodate the additional material, and a condensation of sentences has made it possible to include what would have resulted in some 1500 pages of the size of the fifth edition into 1085 pages of the present edition.

This is a work on surgery which cannot be considered exclusively dental, by any means. It is also one which surgeons can rely upon as not containing theories, but proven facts—facts, too, which, in the large experience of the author, have given the most useful and practical instructions.

Of the new appliances described in this edition favorable mention should be made of the description of Doriot's surgical engine, one of the most complete machines of its kind, and recently brought forward and perfected by the S. S. White Dental Manufacturing Co. of this city. The illustrative plates are admirable, and the typography a work of art.

It is a book which no well-equipped physician or surgeon can be without.

Correspondence.

Editor "Times and Register."—Will you, or some of the many readers of the "Times and Register," kindly help me in the following case?

Lady, aged 63, blonde, always enjoyed fair health until last November, when she began to have a severe pain in region of the liver, about the location of the gall ducts, which was more or less severe at different times for several months, and at times would extend across the left side, or up into the shoulder. Never but little tenderness on pressure. No fever, pulse normal, appetite good. The skin became sallow and somewhat jaundiced.

In May she began to complain of a numbness in lower limbs. She now has no use of the lower limbs. There is a numbness in them, worse in left one, but they are not void of feeling. She can work the toes and feet a little. They never pain her, but she can't bear her weight on them as they give way at

knees and hips. Bowels are very constipated, appetite and digestion good, tongue clean, kidneys act well, skin clear, sleeps well, perfect use of upper extremities. She has been under treatment by various physicians, two of whom tried electricity, but she has received no benefit. She suffers no pain in side now, but there is a slight tenderness on deep pressure over the gall bladder.

Please give etiology, diagnosis and map out a course of treatment that will cure her if possible, and oblige, Very Respectfully,

A SUBSCRIBER.

The above is apparently one of those blind cases in which diagnosis must be based on results of treatment. Much information might be gained by seeing such a case that does not become evident by description. It seems probable that in November and subsequently the patient has passed, or tried to pass, gall stones. The pain described as extending across to the left side would point that way, and combined with the sallow or jaundiced complexion with no fever, strengthens this opinion. The nervous or paralytic symptoms, however, would be foreign to the simple passage of gall stones, were it not for the possibility of hepatic enlargement, tumefaction of the gall bladder or some slight inflammatory adhesion to nerve trunks which may have pressed upon or involved the spinal nerves of that region. The possibility of cancer in this part, or any other tumor pressing or involving spinal nerves, must not be forgotten; however, the cause seems to involve the passage or retention of biliary calculi and subsequent enlargement or tumefaction of liver or gall bladder. Treatment: First regulate the bowels with fluid extract of cascara sagrada, the dose of which should be graduated to obtain one free movement a day. Second, give patient a teaspoonful of olive oil three times a day, to dissolve and evacuate any gall stones. Third, place over site of tenderness on the one side, and over spinal column on the other side, pads made of felt or flannel, on which are secured alternating strips of zinc and copper, moistened with a weak vinegar solution, to establish electrical action, and let this be worn for some length of time.

Should you fail in this treatment, I would advise you to try arsenauro, which is a successful tissue alternative, especially in diseases of the nerves

—Editor Times and Register.

Surgery.

Under the charge of T. H. MANLEY, M. D., 115 W. 49th St., New York.

INFLAMMATORY NEOPLASMS OF THE LESSER CURVATURE OF THE STO- MACH, OF THE LEFT LOBE OF THE LIVER, AND THE ABDOMINAL WALL. EXPLORATORY LAPAROT- OMY AND CURE OF THE PATIENT.

BY M. TERRIER.

—Revue Des Sciences Medicales, En France et
A L'Etranger.

The eminence of the above contributor is an abundant guarantee of the great value of anything which he may present in connection with the surgery of the abdomen.

In a recent communication to the Surgical Society of Paris he has submitted several valuable observations on the above subject, in his own practice.

He commences by calling attention to the difficulties so commonly attendant on diagnosis of gastric diseases, or tumors of the stomach, and the great value of surgical intervention, both for purposes of prognosis and direct treatment. He says:

"Many of those supposed cancerous tumors are purely neoformations of an inflammatory character." Three cases are cited in which cancer was suspected, but on exploration through an abdominal incision nothing was found, except in one, an intumescence at the pyloric extremity, which was apparently purely inflammatory and benign. After freely liberating it from adhesion with adjacent parts and some blood was lost the incision was closed. The woman made an excellent recovery, the entire mass permanently disappearing, her appetite and lost flesh being readily regained.

In a second a lesser curvature was found adherent to the left lobe of the liver. This was freed, when the deformed position of the stomach was overcome.

In a third, the anterior wall of the stomach had contracted broad adhesions with the abdominal wall. A difficult dissection here was necessary, which, however, was entirely successful in allowing the stomach to recover

its full and free movement in the act of digestion.

Both the latter were entirely relieved of their former severe pains, and a good appetite followed.

The tissue dissected away was of a fibrous character, and contained no malignant elements.

M. Richelot, in discussing the former essay, said that he understood two propositions were submitted:

1: That in all cases diagnosed as cancer of the stomach, in which the full ensemble of symptoms was not complete, where medicines had failed we may make an exploratory incision.

2. Where such a laparotomy is made, and we are assured that the exudate is inflammatory and innocent, all adhesions should be freely liberated, and a practical cure then and there effected; all apprehension of a grave malady being thus allayed.

He had, in 1891, called attention to the remarkable improvements which often followed laparotomy in various inflammatory and neoplastic affections of the pelvic structures when certain conditions were found which were incapable of extirpation.

On the 3d of June, 1886, a most remarkable case came under his care, of a man 62 years old, who had a cancerous obstruction of the esophagus.

The man's condition was most pitiable. An operation for gastrotomy was undertaken for the purpose of introducing aliment into the stomach. On opening the abdominal cavity such an extension of the cancerous growth was encountered, spread widely over the anterior wall of the stomach and omentum, that everything was inextricable, and all attempts at operation were discontinued. The effects of this incision, however, were most remarkable. All digestive disorder disappeared, the man soon returned to his trade, and since then has enjoyed good health. His suffering ceased, his appetite and ability to eat returned, and he rapidly regained flesh.

In July, 1887, M. Rigel sent to the Hospital Bichat a man 59 years old. He had hemi-anesthesia for five years; since as he said he had swallowed a

glass of petroleum (?). Vomiting was nearly constant; moderate pain, emaciation marked. Had been treated in turn, medicinally, by Potain, Rigel and Peter. He never had hematemesis nor malaria. M. Rigel attributed his condition to cancerous obstruction of the pylorus.

Richelot operated on him on the 26th of August. He made an epigastric incision, and at once came on a perfectly healthy stomach; the pyloric end of which was ample and normal. He replaced the stomach and closed the incision. The influence of this intervention was most remarkable; vomiting promptly disappeared, sensibility returned on the left side of the body, milk diet was well borne. November 1 the patient left for home, quite restored to his former health.

M. Quenn believed that in simple cancerous obstruction of the pylorus benefit often followed those exploratory incisions.

M. Bouilly, while ready to admit that in certain cases laparotomy in some inexplicable manner secures wonderful results, yet in not a few the same good may follow appropriate medical treatment. Thus, in two instances, this had occurred under his own observation. In one, a young man, all the symptoms of pyloric cancer were present. He progressed steadily downward for six months. M. Ferrier at this time deemed the case inoperable; but in a little while spontaneous improvement began, and he was soon wholly restored to health.

The other case was a female, of 37, with a vast pyloric enlargement, constant vomiting and steady emaciation. She, however, finally commenced to improve, and soon was in her usual good health.

These cases were undoubtedly inflammatory sclerosis undergoing spontaneous resolution.

ANTHRAX IN MAN.

Muller refers to different views in connection with local treatment. It is impossible to destroy the disease by excising the site of inoculation. In guinea pigs amputation of a limb two or three hours after the foot has been inoculated cannot save the animal. By the time the injection is ended absorption must have commenced, as is shown by the rapid proliferation of the bacilli in the tissues. The disease produced by anthrax

would appear to be largely due to a toxic action. It may, however, be very difficult to find bacteria in the blood; when absorbed they may be deposited in parts where the circulation is slow, as in the liver, spleen, and marrow of bones. It has been shown with almost certainty that products may be isolated from anthrax cultures, which produce symptoms like those due to anthrax. Whether phagocytosis plays a part in human anthrax is undecided. The author's observations would lead to a negative conclusion. Different organs have different capabilities of dealing with anthrax. Thus, in rats the spleen seems to have chief action, but in rabbits the liver. In man enlargement of the spleen is noted early. It must be the object of treatment to get the cells at the site of inoculation to arrest the dissemination of the bacteria and to protect the cells in the whole body against the poisoning. If excision of the inoculated part cannot arrest the disease, it might be thought that the anthrax bacilli and their products might be let out by incision. The author concludes, however, that incision should not be practiced. Anthrax is one of the most virulent of the blood parasites, and by incision there is the danger of a fresh invasion of the blood in the vessels thus laid open. The products at the site of inoculation are harmful to the individual if absorbed, but they are also destructive to the anthrax bacilli in situ. The line of treatment recommended by the author is the following: The affected part and adjacent joint are fixed to prevent dissemination. The limb is also elevated to assist the venous return, so that more arterial blood may come to the part. Mercurial ointment is applied to prevent secondary infection. Means are adopted to improve the circulation, such as alcohol in large doses and nutritious diet.

—Deut. med. Woch., June 14th, and 21st, 1894.

A NEW TREATMENT FOR HYDROCELE.

A new treatment for hydrocele is proposed by J. Neumann (Wiener Medizinische Presse, No. 45, 1893). It consists in the withdrawal of the fluid by means of a trocar and cannula, leaving the latter in the hydrocele sac to act as a drain. A slightly compressing bandage is applied over a small thickness of cotton. Healing is said to occur in a few days. The cannula is removed on the second or third day.—North American Practitioner.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

TREATMENT OF FURUNCULOSIS.

Van Hoom, Amsterdam.

Furunculosis is probably attributable to an internal cause, and its alleged internal causes are most likely only coincidental. Where there are furuncles the presence of infectious matter on the skin is proved, and is the cause of the fresh crops so often seen. Therefore the author, for some time past, has employed general disinfection of the skin, with isolation and disinfection of the diseased part.

The method is to first wash the whole body with potash soap and hot water, then bathing the furuncle and its surroundings with 1 to 1000 sublimate solution; the skin is then wiped with cotton and one of Arma's gutta percha plasters of mercury and carbolic acid is carefully placed over the boil. The patient is then clothed in clean linen. The plaster is removed every day, or twice a day when discharge is abundant. The carbolic acid in the plaster is evaporated by the heat of the body, and, as it cannot escape, penetrates the skin and destroys the coccus. If there is no fluctuation, the infiltration is generally absorbed.

Where fluctuation has occurred, perforation soon shows itself, and the wound quickly heals.

Note.—The application of a piece of belladonna plaster (rubber base), in the same way has been found very useful, relieving the pain and soreness and rapidly bring about suppuration and perforation. This has been, as the old receipt book says, "tried."

E. W. B.

TREATMENT FOR VARIX.

1. Avoidance of standing position as much as possible. No garters.
2. Constant wearing of an elastic stocking.
3. Taking during 15 days each month at meals a pill of

R Ergotine. Grains.
Ext. Hamamelis aa..... $\frac{3}{4}$

MULTIPLE AND RECURRENT ABSCESS IN YOUNG CHILDREN.

The skin of children offers a fine soil for the common microbes of suppuration and consequently any slight irritation or abrasion may become the seat of an abscess which may inoculate some other portion of the skin, and thus the disorder is kept up for perhaps months.

There is no general cause, no pyemia, but the eruption may be mistaken for a syphilitic lesion.

—La France Med.

TONIC COMBINATION IN NEURASTHENIA.

R. Nux Vomica.
Tr. Hemlock.
Tr. Columbo.
Gentian.
Ess. Anise.

SIMPLE TREATMENT FOR LEG ULCERS.

This method has produced the best results in the hands of Tillaux. It is both general and local. The general treatment takes account of gout, a cause of phlebo-sclerosis which plays an important part in the production of varicose ulcers of the leg.

It consists in the administration of the iodized solution below:

R. Iodide of Potassium $\frac{1}{2}$ ounce.
Finct. Iodine..... 30 drops.
Water..... 10 ounces.

A spoonful (dessert) at each meal.

If well borne this treatment is continued for a long time, even after healing of the ulcer. Where syphilis is suspected or known, mercurials must be given also.

The local treatment consists in cleansing the sore by dabbing with a chloride of zinc solution 5 to 10 per cent. for three or four days in succession. Then strips of Emplastrum de Vigo are applied. This is followed till cicatrization takes place. The cicatrix is then hardened by application of picric and solutions, and exposure to dry heat.

—La Revue Med.

TREATMENT OF HERPES ZOSTER.

Arsenic internally, in the periodic crisis of pain and fever, quinine neuralgia and insomnia, chloral, antipyrine, belladonna, bromides.

Local treatment, careful opening of all vesicles as soon as formed, bathing with a slight alcoholized solution of boracic acid. If inflammation is high, dressing with a lime liniment and cotton. If the inflammation is not severe, dress with

R Vaseline $\frac{3}{4}$ ounce
Oxide Zinc $\frac{1}{2}$ dram
Boric Acid 15 grains
Powder with starch and cover up with a thick layer of cotton.

—Annales de Med.

WOMAN AND THE BICYCLE.

Should we, or should we not, encourage women in the use of bicycles? is a question which, although full of interest, does not appear to have been studied with sufficient attention. It is not to be considered off-hand and without some experience, since in this way one may be led into great and ridiculous mistakes, as those are who have compared the use of the bicycle to that of a sewing machine, forgetting that the latter requires the use of a limited number of muscles, whereas the bicycle employs and calls into action the entire muscular system; besides, it is not the machine, or its use, but abuse that is prejudicial.

The bicycle as a means of outdoor exercise, employing almost all the muscles of the body without severe effort, should engage the attention of hygienists interested in the physical development of women. It excels all other means of exercise (except, perhaps, horseback exercise), and is the ideal instrument for this purpose.

The necessity for maintaining equilibrium is the capital characteristic of the machine. Lagrange says: "It is the most perfect of the apparatus with which to carry out exercise in equilibrium, since to maintain this the muscles of the trunk are brought into harmonious work. The exercise in addition gives precision and skill in movement, suppleness, self-possession and quickness, and also enables all the members of a family to take an inexpensive outing together, which adds the social feature to the other advantages."

The learning of the use of the bicycle should be gradual, and should extend over considerable time, and even then its use should not be in excess, and when any long journey is contemplated it should be preceded by practical rides.

Women should choose a light machine, proportioned to their height and weight, and of the pneumatic pattern. The clothing should be light but warm and roomy,

and corsets should be abandoned, together with garters. If the bicycle is used rationally health is the result. The muscles of the thorax, neck, back and limbs are all strengthened and developed, and a resistance to fatigue is established which may prove very beneficial.

—Extracted from a monograph by Dr. Championniere.

E. W. B.

MALIGNANT LENTIGO IN THE AGED.

Hutchinson describes a singular affection, malignant lentigo, which begins as a brownish or black spot, and which ends in the production of a malignant tumor. The disease begins spontaneously or follows a lesion of the skin. In the four cases reported by Dubreuilh it was situated on the left side at the upper part of the cheek, on the eyelid, or even on the conjunctiva.

It occurs as a simple pigmentation without projection or thickening of the skin, and forms an irregular spot varying from sepia brown to black in color. It persists for ten to twenty years, remaining absolutely stationary or varying in tint, extent, sometimes disappearing, leaving the skin absolutely normal. At a given moment there appears on the spot or in its vicinity a malignant, ulcerating tumor, vegetating, bleeding, rapidly increasing in size—sometimes melanotic. It is recurrent, either at the same place or in the gaggions, presenting at each recurrence more malignancy and becoming melanotic. Histologically, it resembles melanotic cancer, built up of large epithelioid cells, loosely connected, without stroma and infiltrating its surroundings.

IMMEDIATE CURE OF CORNEAL ULCER.

This consists in the application of a wafer (cachet) placed on the cornea; then closing the eyelid with iodoform, cotton and a bandage, which remains in place for several days. The cachet is made of gelatine, saturated solution of boric acid, and impalpably powdered iodoform.

It is wet with a solution of boric acid before using. Cicatrization occurs in three days even in bad cases. The rapid effects are most likely due to the destruction of the micro-organisms.

—La France Med.

Doctor—"I would advise you to take quinine in all the whisky you drink."

Old Pepper—"But great Scott! doctor, isn't quinine in such quantities injurious?"—Puck.

A Western baritone, who wished recently to become a tenor, succeeded in taking a course of inhalations, beginning with benzoin, going on to caffeine and chloroform and ending with curacao. It is a wonder he had any voice left.

Miscellany.

A BLOODLESS OPERATION FOR HEMORRHOIDS.

Manley (Boston Medical and Surgical Journal, February 1, 1894) describes his bloodless method of treating hemorrhoids. A brisk purgative is given the evening before the operation. Before operating, two to four ounces of whisky are administered and effective cocaineization applied hypodermically. Anal dilatation, gradual and steady, without rupture of the muscle is done, and, after drying and mopping with cocaine solution, each hemorrhoid is separately seized, close to its base, firmly between the tip of the thumb, index, and middle fingers. It is put on full stretch, then twisted, and finally so completely crushed that it is reduced to a pulp, and none of the investing tunics remain, except the mucous membrane and its under stratum of fibrous tissue. The mass is then returned and an opium suppository introduced. He has treated 32 cases in this way with perfectly satisfactory results.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION MEETING.

The first annual meeting of the American Medical Publishers' Association occurred at Hot Springs, Va., on August 13 and 14, and proved a most happy and profitable event, many of the members being accompanied by their ladies, who enjoyed the pretty scenery and lent a graceful charm to the occasion. An overland trip to Warm Springs comprised a pleasant feature of the first day. After the transaction of the usual routine business, the President, Dr. Landon B. Edwards, read an able paper on "Advertising and Advertising Agencies," which was well received and ordered printed. The reports of the secretary and treasurer were examined, and the finances of the Association found to be in good condition. Thirteen applications for membership were presented and acted upon favorably. The secretary was instructed to investigate the laws of different States governing charters of incorporated bodies, and report at the next meeting. Dr. J. W. Clausen, of the

"Times and Register," Philadelphia, was elected to fill a vacancy in the Executive Committee. Upon motion it was decided that all annual meetings hereafter should be held just prior to the session of the American Medical Association, the next meeting being set for Monday, June 5, 1895, at 9 A. M. in the Eutaw House, Baltimore, Md.

SECOND SPECIAL COURSE IN REGIONAL SURGERY.

Dr. G. Frank Lydston will lecture every Monday at 8 P. M., beginning October 1, 1894, at the Masonic Hospital of Chicago, 367 Washington Boulevard. Subjects: "Surgery of the Prostate, Bladder and Kidneys;" "Chronic Ulceration of the Female Genitalia;" "Appendicitis;" "Surgery of the Rectum;" "Urethral Stricture." The lectures will be illustrated by special charts and drawings, and are free.

HOW ABOUT THE FRENCHMAN?

The French War Office has recently been occupied with a large number of inventions for the wholesale massacre of the enemy in the next great war. One of the members proposes that the Minister of War should subjugate and train squadrons of horse flies. These novel warriors, it is suggested, would be fed on blood smeared beneath a thick skin covering on dummy figures dressed as soldiers of the Triple Alliance. When diplomatic relations were near a breaking point, the flies would have the juice of certain poisonous plants added to their daily food, and when war should be declared the French army would merely have to send them as an advance guard in the path of the enemy.

PROFESSOR RICHARDS, OF YALE, ON FOOT BALL.

Prof. E. L. Richards, of Yale, will have a timely article on "The Foot Ball Situation," in the Popular Science Monthly for October. He is an intelligent sympathizer with the game and will set forth its many advantages, maintaining that the evils ascribed to it are unreal or can be removed by changes now contemplated.

DEATH OF PROFESSOR HELMHOLTZ.

Dr. Hermann Louis Ferdinand Helmholtz, of Berlin, the celebrated physicist, died recently from paralysis.

THE SIR ASTLEY COOPER TRIENNIAL PRIZE.

The next triennial award of this prize takes place early in 1895. The value thereof is £300. All competing essays should be in the hands of the physicians and surgeons at Guy's Hospital before January 1, 1895. The subject for the competition is "the anatomic distribution of the lymphatic vessels and the physical forces concerned in the movement of the lymph." This prize is open to the whole world, except certain of the attaches of the Guy's and St. Thomas' Hospitals, London.

SCHOOL BOARDS AND VACCINATION.

A recent decision of the Supreme Court of the State of Pennsylvania has confirmed a decree of the lower Court to the effect that a school board has a right to exclude from the public schools children who have not been vaccinated.

WHAT IT COSTS.

It costs the people of the United States \$25,000,000 a year to be born, \$300,000,000 a year to be married, \$75,000,000 to be buried, and \$900,000,000 to get drunk.

DR. O. W. HOLMES.

Dr. Oliver Wendell Holmes was 85 years old August 29, and celebrated that event in his summer home in Beverly Farms.

IMMORAL MESSAGE.

Possibly moved thereto by the unwelcome notoriety given to its "massage parlors" the city of Chicago has begun what the newspapers call "a crusade" against these dens of vice. An investigation has been commenced by the police and the licenses of nine of the most notorious have already been recommended for revocation. They are characterized in the report of the investigation as "little if any better than the lowest 'dives' in the city." The term "massage" had come to be so closely identified with the practices of these "parlors" that physicians were growing shy of recommending the treatment.

—Journal A. M. A.

Here and There.**FOR CONGRESSIONAL HONORS.**

The following doctors have been nominated for Congress: Dr. L. F. Weaver, of Niles, Mich.; Dr. Bernard Groesser, of Le Mars, Iowa, and Dr. J. A. Hatch, of Kentland, Ind.

Since M. Bertillon has been at the head of the Anthropometric Bureau nearly 500,000 persons have passed through his and his assistants' hands, and yet, according to his system of identification, no two individuals were exactly the same in any particular.

A Long Island girl, who had been deaf and dumb for eight years, had her speech restored by an electric shock, which struck the house in which she was during a recent storm.

A goose with remarkable maternal instinct has been found near Berry, Kentucky. Her brood was recently drowned, and an old sow dying about the same time, the goose adopted the little orphan pigs.

When oranges have been frozen they can be thawed without injury by putting them in cold water or tight barrels immediately after arriving and allowing them to thaw out gradually.

A remarkable instance of intelligence in a dog was exhibited in Denver recently. A well-known physician was sitting on his front porch, when a small water spaniel walked up the steps from the sidewalk and threw herself on her left side at the doctor's feet. He at once observed that something was wrong with her right eye, but after a skillful operation the sight was restored. The dog then left, but returned the following day and showed by her expression of delight how grateful she was to her benefactor.

The pressure per square inch upon the body of every animal that lives at the bottom of the Atlantic Ocean is about 25 times greater than the pressure that will drive a railway train.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D.

Though to be "thick headed," or "thick skulled" is not a characteristic usually desired, there are times when a solid brain case may do yeoman service for its owner. Two days since the sight of a crowd about a little house downtown induced me to investigate the cause. Upon entering I found a woman holding on her lap a 4-year-old colored child, who, I was excitedly informed, had just fallen out of the second-story window across the way, striking the brick pavement squarely on her head.

Of course, I expected to find the skull fractured, or at least unconsciousness, for the child was quite a heavy one. But no, neither of them. Merely an inch and a half cut through an extraordinary thick scalp, and a considerably scared, but perfectly conscious young African.

Politics down in Kentucky must be a highly exhilarating pursuit, and one might keep this in mind when trying to think of some place to send male patients worn out with ennui. Captain Bradshaw will be one of the election booth officials in the coming Breckinridge-Owens contest, and this is the calm way in which a daily paper refers to Captain Bradshaw's early prospects: "It is said that Captain Bradshaw, who expects trouble with Colonel Clay, has insured his life for \$10,000, and is engaged in straightening up his business affairs."

Here is a little story from a daily paper, good enough to be true, whether it is or not, and so very funny that every lover of a laugh should see it: "A short time ago (says the Louisville Courier-Journal), a young lady was troubled with a boil on her knee, which grew so bad that she thought it necessary to call in a physician. She had formed a dislike for the family physician, so her father suggested several others, and finally said that he would call in the physician with the homeopathic case who passed the house every day. They kept a sharp lookout for him, and when he came along he was called in. The

young lady modestly showed him the disabled member. The little man looked at it and said "Why, that's pretty bad." "Well," she said, "what must I do?" "If I were you," he answered, "I would send for a physician. I am a piano-tuner."

Dr. Bertrand, of South Bend, Ind., under the head of "fatal economy," cites a case of shoulder presentation, in which the Polish midwife, on account of delayed labor, gave the suffering victim a teaspoonful of fluid extract of ergot every hour for the last ten hours. About two hours after Dr. Bertrand had succeeded in delivering the woman of a dead child, she expired. The writer traces the fatal termination to false economy in getting the midwife, but it looks to me as if the latter ought to be tried for involuntary manslaughter, and that the poor woman's death really lies at the door of those who sell and allow to be sold, indiscriminately, such dangerous drugs as ergot.

Man's greatest strength is shown in standing still;
The first sure symptom of a mind in health
Is rest of heart and pleasure felt at home.

—Young.

Prescriptions.

METRITIS.

R	Tinct. aconiti Rad. gtt. xvj.	1	grams.
	Ext. gelsemi, fl. 1, oz.	4	
	Ext. ergotae, fl. 1, oz.	30	
M.	Sig.—A teaspoonful every 2 to 6 hours.		

—Bartholow.

MENORRHAGIA.

R	Ext. ipecac. fl. dr. ij.	8	grams.
	Ext. ergotae, fl. dr. iv.	16	
	Ext. digitalis, fl. dr. ij.	8	
M.	Sig.—Half to one teaspoonful as required until emesis occurs.		

—Bartholow.

APPLICATION FOR INSECT BITES OR STINGS.

R	Liq. Ammonia.	15
	Acid Salicylic.	5
	Collodion.	1/2 parts

Apply a few drops to each wound. The collodion retains the ammonia in prolonged contact with the wound.

—E. W. B.